

## Authorization for Automatic Withdrawal of Child Support

Your Name: (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize the Nebraska Child Support Payment Center to initiate a deduction from my  
Checking Savings (Circle One)

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

(at the bottom of your check, starting from the left - it is a nine-digit number)

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Please deduct my child support:

___ Weekly	Start Date _____	Amount \$ _____
___ Bi-Weekly	Start Date _____	Amount \$ _____
___ Semi-monthly	1 <sup>st</sup> Date _____	2 <sup>nd</sup> Date _____ Amount \$ _____
___ Monthly	Start Date _____	Amount \$ _____

(please check only one of the above options)

If you make a change in your bank information, you must notify the Nebraska Child Support Payment Center and complete a new authorization from. Notice must be given at least 10 business days prior to any pending transaction. If notifying of a change in bank information over the Internet ( [www.nebraskachildsupport.com](http://www.nebraskachildsupport.com) ), notification must take place two business days prior to the next transaction in order to change or stop a payment in progress.

I acknowledge that the origination of these transactions to my account my comply with United States Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>You MUST attach a voided check or photocopy of a voided check</b> We cannot process this form without it. Deposit tickets cannot be accepted.</p>
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